

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90201 018 ****61.25

0072597

DOCUMENT # N99000006663

1. Entity Name

DIAMOND LAKE CONDOMINIUM ASSOCIATION D, INC.

Principal Place of Business

**1455 PIPER BOULEVARD
 NAPLES FL 33943**

Mailing Address

**37 MENTOR DR
 NAPLES FL 34110**

00066633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0975926

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DRAKE, JENNIFER B
 3111 STIRLING ROAD
 FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

SUSAN L. THOMPSON

Street Address (P.O. Box Number is Not Acceptable)

37 MENTOR DR.

City

NAPLES

FL

Zip Code

34110

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Susan L. Thompson
 Signature, typed or printed name of registered agent and title if applicable.

SUSAN L. THOMPSON

4/1/01

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **NAGAR, JACOB**
 STREET ADDRESS **1455 PIPER BOULEVARD**
 CITY-ST-ZIP **NAPLES FL 33943**

TITLE **VD** ☒ Delete
 NAME **BERNERT, JAN**
 STREET ADDRESS **1455 PIPER BOULEVARD**
 CITY-ST-ZIP **NAPLES FL 33943**

TITLE **STD** ☒ Delete
 NAME **ROJAS, MARCO**
 STREET ADDRESS **1455 PIPER BOULEVARD**
 CITY-ST-ZIP **NAPLES FL 33943**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **DONNA PACE**
 STREET ADDRESS **1455 PIPER BLVD.**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D** ☒ Change ☐ Addition
 NAME **JIM RUSH**
 STREET ADDRESS **1455 PIPER BLVD.**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D** ☒ Change ☐ Addition
 NAME **CAROL OLSON**
 STREET ADDRESS **1455 PIPER BLVD.**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4-12-01

941-598-1411

CR2E037 (10/00)